

POST ACADEMY – Medical Exam Report Adult Misdemeanor Probation Officer

Applicant's Name:		
Last	First	M. I.
POST ID # 1st 4 Letters of First Name D	ay of Birth	
To the Applicant: Acceptance to POST Academy re- Licensed Physician or his designee within one year prior to make sure all medical forms are completed thoroughly and the Health Questionnaire (Form BP-8) to your physician	o the starting date o d signed in the appr	f the Academy. It is <u>your</u> responsibility to opriate places. <u>Complete and present</u>
Leave the Health Questionnaire (Form BP-8) with	your physician.	
To the examining Physician: The above named a Probation Officer. Please check one of the following:	applicant has chose	n a career as an Adult Misdemeanor
(check box) I have reviewed the submitted Health of applicant is free from any physical, emotional or recommunicable disease likely to infect others in an might adversely affect the applicant's ability to transfer Probation Officer.	nental condition, academy environ	free of any signs/symptoms of ment or any other condition which
(check box) The applicant did not provide a comple	ted Health Quest	ionnaire (Form BP-8).
A thorough medical examination is required prior to accept are required to participate in vigorous self-defense and phyour medical opinion, does this applicant have the level of the second self-defense and phyour medical opinion, does this applicant have the level of the self-defense and physical self-d	ysical development	exercises during the academy training. In
Acting alone, this applicant must be able to:	1.1	
Apply use of force continuum		ostance abuse symptoms

Apply use of force continuum	Identify substance abuse symptoms
Arrest clients for violations of conditions, in presence of officer	Identify symptoms of mental illness/disorders
Assess/refer medical needs	Impose graduated sanctions
Assist law enforcement officers	Interview collateral contacts
Conduct home visits	Investigate allegations or suspicions of probation violation
Conduct personal contacts with clients	Monitor/enforce terms/conditions of probation
Defend others or self	Operate motor vehicle
Empower/encourage/motivate clients	Perform client intake
Enforce court order	Search persons, vehicle/residences
Escort offenders, walking	Serve on-call and respond
Handle hazardous materials	Test for drugs/alcohol
Identify drugs and drug paraphernalia	Transport offenders, drive
Identify staff health risks	

PHYSICAL ABILITIES: Static, dynamic trunk strength, extension and dynamic flexibility, manual and finger dexterity, arm-hand steadiness, gross body coordination, speed of limb movement and mobility, observation skills

OPERATE: computer, chemical agents, handcuffs

PHYSICIAN STATEMENT AFTER EXAMINATION:

WORK LONG HOURS IN: darkness, remote areas, hot and cold weather, while seated, standing, bending, reaching, pushing, kneeling, pulling, lifting, turning and standing, turning and sitting, crawling, handling and feeling: emotionally disturbed and hostile people.

	I (or my designee) have examined the above named applicant to the Idaho POST Academy and <u>in my opinion</u> find the applicant <u>IS</u> physically able to perform the full duties required of an officer, in training or in the field, as outlined above.	.	
	I have examined the above applicant and it is my opinion that the applicant IS NOT physically able to perform the full duties required of an officer.		
	It is my opinion that the applicant IS NOT NOW physically able to perform the full duties required of an officer. To become physically able to perform the duties required of an officer this person must:		
(check box)	Physician acknowledges POST requires the Health Questionnaire (Form BP-8) to be include with the client's examination record(s).		
Signature of	of Examiner Date of Exam	_	
Printed Nar	ame of Examiner	_	
Printed Nar		_	